

JACOBSON (H.)

GONORRHŒA OF THE
RECTUM.

BY

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St. Louis, Mo.



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Editor American Medico-Surgical Bulletin.



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The case I desire to report, when first presented to me, was an ordinary case of gonorrhœal vaginitis and endocervicitis. As this disease is so frequently met with, I would not take your valuable time by reporting it if the complication which ensued was not rare, namely: Gonorrhœa of the Rectum.

Mrs. S———. Age 25 years. Married. Housewife. Presented herself at my clinic last June, complaining of frequent urination, itching and burning sensation in the region of the genitals. Pain in the lower part of her back. Upon examination found the labia slightly swollen, the vaginal walls covered with muco-purulent secretion, and also dirty, grayish yellow discharge from the cervix, which, when removed, left the parts with a beefy red appearance, bleeding at points where the epithelium had been denuded.

I questioned her husband and found that he had a gonorrhœal discharge. He admitted having connection with his wife a week previous, at a time when he thought he was well again. But the next morning he noticed a reappearance of the discharge, and in three days the symptoms aforementioned appeared in his wife.

I gave 1-3000 bi-chloride hot douche and swabbed the parts with a solution of nitrate of silver, 60 grains to the ounce, and directed

that the same douche be used at home three times a day.

The next time of her appearance she complained of a discharge from the rectum, frequent desire to go to stool, a constant burning, itching and straining sensation, also passed blood occasionally with the fæces. She had a slight elevation of temperature, headache, and furred tongue.

Upon examination of the anus, noticed a slight oozing from it of grayish, white discharge. Introduction of the rectal speculum revealed a dull, red, swollen mucous membrane for about two inches above the anus covered by aforementioned secretion. Above this the mucous membrane had a glistening, apparently normal appearance. She admitted she was careless, and the discharge trickled down from the vagina to the anus, and so the part was infected. She was directed to use warm sitz-baths, rest, and a 3%-solution-of-creolin injection into the rectum three times each day. Opiates were given internally. This treatment was apparently effective as the discharge ceased on the fifth day. She continued the injections for a week longer. Meanwhile the vaginal disease was improving, but the uterine involvement extended until the whole uterus was enlarged, boggy, and painful to the touch. There was an abundant discharge of dirtygray blood and muco-pus from the cervix.

I had curetted the cervix several times with no good result, so she was chloroformed, the cervix dilated and the endometrium thoroughly curetted and washed out with a weak bichloride solution. I then applied equal parts of carbolic acid and tincture of iodine, finally packing the uterus

with iodoform gauze. Left the gauze in for two days and then rewashed the uterus and repacked it. This treatment was continued for about twelve days, occasionally applying the carbolic acid and iodine to the cervix, which had greatly improved.

About six weeks later the discharge reappeared as profusely as before from the rectum and uterus—a result from sexual congress against my advice. I again gave rectal injection, and also vaginal, but this time tried the new injection, sulphate of aluminium; with most satisfactory results. The intra-uterine douche was in strength of 1-500. The discharge from the rectum and uterus ceased on the third day and has not returned since. A period of three months has elapsed since the last treatment and last examination found the uterus normal in size and no pain on pressure.

This disease is occasionally the result of pederasty or sodomy. It must be rare as Drs. VAN BUREN, BUMSTEAD, or KELSEY have never seen a case, and do not mention it in their works up to 1893. I find nothing about it in Allingham's or Mathew's work on the rectum, except as a cause of proctitis. Nor do we find it mentioned in THOMAS and MUNDÉ on Gynæcology. Reference to System of Genito-Urinary Diseases and Syphilis and to VON ZEISSL on Syphilis.

In this country Dr. WINSLOW, of Baltimore, reports two cases in boys, the result of pederasty practiced by the boys, one of whom had urethral gonorrhœa. Rectal gonorrhœa was observed by following physicians in Europe: ALLINGHAM, MARTINEAU, NEISSER, BERNARD and TARDIEN, WOLF, MERK, and MATTERSTOCK. The latter observed

the most thoroughly marked case in a young girl who practiced sodomy. Dr. TUTTLE, of this country, reports three cases.

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